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PATENT
Docket No.: 20959/2130 (P 63013)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|----------------|---------------------|---|-----------------|
| Applicant(s) : | Moszner et al. |) | Examiner: |
| | |) | Melba Bumgarner |
| Serial No. : | 10/656,465 |) | |
| Cnfrm. No. : | 8449 |) | Art Unit: |
| | |) | 3732 |
| Filed : | September 5, 2003 |) | |
| For : | DENTAL POLYMER FILM |) | |

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

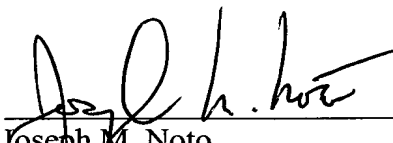
Dear Sir:

In response to the requirement for election of invention mailed February 2, 2005, applicants hereby provisionally elect, with traverse, the subject matter of Group I, claims 1-19 and 24, drawn to a dental polymer film. The restriction requirement between the inventions of Groups I and II is improper because the respective fields of search are closely related. Therefore, there would be no undue burden imposed by the examination of the claims of Group I together with the claims of Group II. Examination of all the claims of record is next in order, and such action is hereby earnestly solicited.

Respectfully submitted,

Date:

2/11/05


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| Certificate of Mailing - 37 CFR 1.8(a) | |
|--|---------------------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on the date below. | |
| <u>Feb 11, 2005</u> Date | <u>Ruth R. Smith</u> Ruth R. Smith |



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|---|----------------------|------------------------|----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/656,465 | |
| | Filing Date | September 5, 2003 | |
| | First Named Inventor | Moszner | |
| | Group Art Unit | 3732 | |
| | Examiner Name | Melba Bumgarner | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 20959/2130 (P 63013) |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$_____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$_____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$_____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$_____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Check in the amount of \$_____ |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------------|---|-------------------------|
| Firm or Individual name | Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600 | Registration No. 32,163 |
| Signature | | |
| Date | 2/11/05 | |

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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Feb. 11, 2005
Date

Signature
Ruth R. Smith
Typed or printed name